

**APPLICATION TO WAITING LIST: PLEASE PRINT VERY CLEARLY! Answer all questions. Incomplete applications will not be processed.**

Charles City Housing  
205 Greenlees Circle  
Charles City, IA 50616

Phone: 641-228-6661 ext.1  
Fax: 641-228-6758  
Email: [office@charlescityhousing.org](mailto:office@charlescityhousing.org)

Head of Household Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Note: If your address changes, you must notify the office to maintain your waiting list status.

**Waiting List Pre-Qualification Questions:**

Are you required to register as a sex offender? Y \_\_\_ N \_\_\_      Have you ever had a drug conviction in a Federally subsidized unit? Y \_\_\_ N \_\_\_

If yes to either of these questions, PER HUD policy, you may not be eligible for assistance.

Please mark which program(s) you are applying to:

Morningside: _____	Section 8: _____	North Cedar Terrace: _____	South Cedar Terrace: _____
Morningside: Morningside is a Public Housing property with 8 two-bedroom and 8 three-bedroom townhouses.	Section 8: Individuals, families, single or married may apply. Anyone 18 years old or older may apply.	North Cedar Terrace: Has 52 one-bedroom apartments, including 8 wheelchair accessible apartments. Preference is given to those 62 and older or disabled. Unit has walk in showers (no tub).	South Cedar Terrace: Has 76 one-bedroom apartments and 4 two-bedroom apartments. Unit contains tub/shower combo. Preference is given to applicants 62 or older or disabled

**Part 1: Demographics**

Home (Cell) Telephone: \_\_\_\_\_

Check one box

Hispanic/Latino	
Not Hispanic/Latino	

Other Telephone: \_\_\_\_\_

Check All That Apply

White	
Black/African American	
American Indian	
Alaska Native	
Asian	
Pacific Islander	

Other Contact Person:(not required) \_\_\_\_\_

Email Address: \_\_\_\_\_

Racial and ethnic data for statistical purposes

Do you qualify for reasonable accommodation\* due to a disability?      Yes \_\_\_ No \_\_\_

*\*(Reasonable Accommodation is a change, exception, or adjustment to a program, service building, or dwelling unit, that allows a qualified disabled person to utilize a program/service and/or live in a dwelling unit)*

**Part 2: Household information (list head of household first)**

If your family size will be changing, please explain: \_\_\_\_\_

First Name	MI	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
					M/F	Y/N	Head



### Part 3: Family Income

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, Social Security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often				Income Source (employer name, ss, child support, etc.)
		Weekly	Biweekly	Monthly	Yearly	

### Part 4: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program’s waiting list. **Select each item that applies to your current status.**

- Do you live inside the city limits of Charles City?            Y or N
- Do you work in the city limits of Charles City?                Y or N
- Are you 62 years old or older and/or disabled?                Y or N

### Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration stat prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated denied or terminated following appeals and informal hearing processes.

I certify that the information on the form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Online application  
<https://www.pha-web.com/portals/onlineApplication/1880>

Charles City housing Website  
<https://charlescithousing.org>

**Privacy Act Notice:** For your protection, the data collected on the form will only be released in accordance with the Privacy Act of 1974



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.